

TELEMEDICINE NETWORK IDENTIFICATION TEMPLATE

Rural Telemedicine Grant Program Application

(For instructions on using this template, refer to pages 7-9 of the *Supplemental Instructions for Preparing a PHS Grant Application* for the Rural Telemedicine Grant Program.

Name of Telemedicine Network:

Name of Applicant:

Address:

___ New Telemedicine Network ___ Existing Telemedicine Network

+ Meets Legislative Funding Preference: ___yes ___no. If yes, which preference(s): ___a, ___b, ___c, ___d

Existing Network Members

Name of Organization Address Contact Name: Phone # Fax # E-mail URL (if available) ___ ___ Status * ___/___ Preference(s) +	Facility/Organization Type & Brief Description	County County Population	MSA Status HPSA and/or MUA Status	Telemedicine Resources (i.e., proposed and/or existing equipment & peripherals; for existing sites show currently available equipment in parentheses) and Type(s) of Consults (i.e., interactive video, store-and- forward, or both)	Transmission Type(s) (e.g., full T1, ISDN at 128 kbps)	Telemedicine Clinical Services to be implemented & grant year to be initiated. For existing sites, list currently available services in parentheses.
___ ___* ___ ~~~ ___/___ Preference(s)						
___ ___* ___ ~~~ ___/___ Preference(s)						
___ ___* ___ ___/___ Preference(s)						

List all sites to be supported with OAT funds first, then list other member sites that are part of the telemedicine network but will not be supported with OAT funding.

* :E= Existing telemedicine site

1= Site to be added in the 01 year

2= Site to be added in the 02 year

3= Site to be added in the 03 year

OAT = OAT-supported site

N-OAT = non-OAT-supported site

~~ Enter 'R' if the site is designated as one of the two **required** rural spoke sites

+ : Legislative Preference (a, b, c, and/or d) [See page 12 of the *Program Guide*]

a= majority of health care providers in the service area are to be served by the telemedicine network.

b= network members include federally qualified health centers, rural health clinics, & local health departments.

c= network members include outpatient mental health providers serving the area or region.

d= network members include social service providers such as agencies on aging, school systems and providers under the Women, Infants, and Children (WIC) program, to improve access to and coordination of care.